
**Initial Report
to the**

**HOUSE OF REPRESENTATIVES APPROPRIATIONS SUBCOMMITTEE ON
HEALTH AND HUMAN SERVICES, THE SENATE APPROPRIATIONS
COMMITTEE ON HEALTH AND HUMAN SERVICES AND THE JOINT
LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL HEALTH,
DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES**

Report on

DHHS Policies and Procedures
in Delivering Community Mental Health,
Developmental Disabilities, and Substance
Abuse Services

S.L. 2004-124 Section 10.22A
HB1414 Section 10.22A

October 1, 2004

Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services
Department of Health and Human Services

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In broad terms, HB 1414, Section 10.22A provides direction to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, to identify fiscal barriers related to the delivery of community-based services and implement changes to remove such barriers. The Special Provision states:

“The Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, shall in cooperation with area mental health authorities and county programs, identify and eliminate administrative and fiscal barriers created by existing State and local policies and procedures in the delivery of community-based mental health, developmental disabilities, and substance abuse services provided through the area programs and county programs, including services provided through the Comprehensive Treatment Services Program (CTSP) for Children and services delivered to multiply diagnosed adults. The Department shall implement changes in policies and procedures in order to facilitate all of the following: (1) The provision of services to adults and children as defined in the Mental Health System Reform State Plan as priority or targeted populations. (2) A revised system of allocating State and federal funds to area mental health authorities and county programs that reflects projected needs, including the impact of system reform efforts rather than historical allocation practices and spending patterns. (3) The provision of services to children not deemed eligible for the Comprehensive Treatment Services Program for Children, but who would otherwise be in need of medically necessary treatment services to prevent out-of-home placement. (4) The provision of services in the community to adults remaining in and being placed in State institutions addressed in Olmstead v. L.C. Area mental health, developmental disabilities, and substance abuse services authorities and county programs shall use all funds appropriated for and necessary to provide mental health, developmental disabilities, and substance abuse services to meet the need for these services. If excess funds are available after expending appropriated funds to fully meet service needs, one-half of these excess funds shall not revert to the General Fund but shall be transferred to the Trust Fund for Mental Health, Developmental Disabilities, and Substance Abuse Services and Bridge Funding Needs, except that one-half of the funds appropriated for the Comprehensive Treatment Services Program for Children that are unexpended and unencumbered shall not revert to the General Fund but shall be carried forward and used only for services for children and adolescents. The

Department, in consultation with the area mental health authorities and county programs, shall report to the House of Representatives Appropriations Subcommittee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services on the progress in implementing these changes. The report shall be submitted on October 1, 2004, and February 1, 2005.”

In order to fulfill the requirements of this Special Provision, the Division established a work group with the following representation (a) Council of Community MHDDSA Programs, (b) Area MHDDSA Director, (c) Area MHDDSA Finance Officer, (d) DHHS Budget and Analysis, and (e) program, budget and information services staff from the Division. The content of this initial report is based on the output of this work group. The work group will continue its efforts throughout this year and, as other barriers are identified, additional actions will be implemented to remove them and provide for a more efficient and effective community-based services system. The February 1, 2005, legislative report will define and elaborate on additional initiatives which are undertaken.

While the policy changes included herein incorporate adjustments in the allocation of certain resources, a broader approach to the following requirement, “*A revised system of allocating State and federal funds to area mental health authorities and county programs that reflects projected needs, including the impact of system reform efforts rather than historical allocation practices and spending pattern,*” will require a more in-depth review than can be included in this initial report. This item will continue to be addressed by the work group and will be coordinated with the overall MHDDSA financing study required in SB 1152, Section 18.1, “The Studies Act of 2004”.

Changes to be implemented at this time include:

1. The Division will increase funding access to all child mental health and child substance abuse target populations for individuals at-risk for out of home placements. This adjustment will increase resource access at the community level for an expanded child mental health population, as well as providing an additional focus on children with substance abuse disorders.
2. As part of the Division’s support of System of Care as a best practice for children, the Division will allow up to ten percent (10%) of CTSP funding to be utilized for the following types of services/activities:
 - wraparound & family supports– child specific;
 - family/youth participation and strengthening family/youth support, family/youth advocacy groups involvement within the community, self-directed supports (following Families First model), peer supports, and self-help and recovery support services;

- community and family/youth training on comprehensive assessment, Person Centered Plan (PCP)/ Child and Family Team (CFT) process and evidenced based practices that will eliminate barriers to accessing appropriate mental health and substance abuse services and supports that children and their families need, including recovery support services;
- Consumer & Family Advisory Committee (CFAC) and workforce training and education re: Child Mental Health Plan and key elements such as system of care, cultural responsiveness, and client treatment outcomes and program performance measures;
- crisis care to prevent institutionalization;
- programs that will increase community capacity (e.g., for co-occurring populations, emerging high risk youth populations such as oxycodone and methamphetamine users, the deaf and hard of hearing population, etc.);
- prevention and early intervention activities – fund services & supports to promote capacity for selective and indicated prevention services and intervene early with children at risk of SED or substance abuse (e.g. work with youth such as Reconnecting Youth, Strengthening Families, consultation with schools, underage tobacco and alcohol initiatives, peer group brief interventions, mentoring, self-esteem building, self-directed supports, consultation with and outreach to pediatric and primary care practices, public health, school health, runaway and homeless youth programs, parent education and support and other community based services & supports); and
- Community Collaborative training and support.

In order to realign CTSP funding as noted above, the Division will facilitate a process with Local Management Entities (LMEs), and their Child Community Collaboratives, which documents the need for such funding changes and establishes suitable outcomes. It is recognized that the purpose of such expenditures is to support the timely provision of high quality, evidence-based, and outcome-oriented mental health and substance abuse services by both public and private providers. The Division will not allow the use of CTSP funds for services and activities which are the responsibility of other departments or agencies. However, the Division will support and encourage the active engagement of other departments and agencies in an effort to optimize resource utilization which best addresses the needs of each child and their family.

3. The Division will expand access to community-based MR/MI funding by adding (a) the Olmstead population group to meet consumer service needs and to assist with the psychiatric hospital and developmental disabilities center downsizing initiatives, and (b) other adults within target populations with a dual diagnosis other than MR/MI, e.g. MI/SA, MR/SA. This expansion will enable MR/MI funds to be utilized to build additional community-based service capacity.